## RCRA SUBPART H LIABILITY INSURANCE

11/23/83

	CHECKLIST
1	Owner/Operator Name Mc Ponnell Douglas (Legal Representative)
/	Facility I.D. No. MOD 000 818 963
	Name St Louis Address PO Box 516, St. Louis, MO 63166
011	10
NI	Address
157	
V	Amount and Type of Coverage Sudden 2 mil/ann
~	Sudden (Required for all TSDs \$1 mil occur/\$2 mil annual)  Effective Date:
	Expiration Date: Fy - 12/31/83 Update Required by
NIA	Non-Sudden (Required for Land Treatment, Surface Impoundment - \$3 mil occur/\$6 mil annual)
	Effective Date: Jan. 1983
	Jan. 1984
	Jan. 1985 Expiration Date:
11/4	RCRA Endorsement
THE STATE OF THE S	
NA	RCRA Certificate
NIA	Licensed as Excess or Surplus Lines Carrier
	State
1	Financial Test  VP-Treas
	Letter from Chief Financial Officer 11/14/83 J. Brown Independent CPA's Report on Examination Jan 27/1983
	Independent CPA's Special Report
	Satisfied Financial Test Criteria  Passed Alt I 21 3 ratios
Review	Comments
	Instruments have identical wording to regulations
	Submission adequate per regulations
	Requested Special Audit Rept 11/23/83 ma Tele:
	Letter to Facility to be incorporated with with Kern Coyne
	Reguested Special Audit Rept 11/23/83 via Tele: Letter to Facility to be incorporated with Closure Assurance Financial Documents  MDiven
	Review Complete: Mg
DATE:	11/23/83
	R00144190 RCRA RECORDS CENTER
	CENTER CENTER